

Date: 9/1/87

## PRIOR AUTHORIZATION REQUEST FORM

PA/ARF2

MAIL TO:  
E.D.S. FEDERAL CORPORATION  
PRIOR AUTHORIZATION UNIT  
6406 BRIDGE ROAD  
SUITE 88  
MADISON, WI 53784-0088

4. DATE OF TESTING  
MM/DD/YY

3. AUDIOLOGIST'S PROVIDER NO.

12345678

6. RECIPIENT'S NAME (LAST, FIRST, M.I.)

RECIPIENT, IMA

1. REQUESTING AUDIOLOGIST'S NAME, ADDRESS, ZIP CODE

I.M. REQUESTING  
1 W. WILLIAMS  
ANYTOWN, WI 53725

2. REQUESTING AUDIOLOGIST'S  
TELEPHONE NO.

( XXX ) XXX-XXXX

5. RECIPIENT'S MEDICAL ASSISTANCE  
I.D. NUMBER

1234567890

7. SEX

F

8. DATE OF BIRTH

MM/DD/YY

EAR: (CHECK ONE) RIGHT ☐ LEFT ☒ BOTH ☐

EAR MOLD:

HEARING AID:

GAIN: 45-55 db

OUTPUT: LESS THAN 30db SP

FREQ. RESP. AVERAGE

TYPE (OR LIKE MODEL): EAR LEVEL

SETTINGS/MODIFICATIONS OF RECOMMENDED AID:

NEED FOR HEARING AID ORIENTATION: BY DEALER

NEED FOR SPEECH READING: POSSIBLY

NUMBER OF HOURS PER DAY RECIPIENT SHOULD USE AID: MAXIMAL

RECIPIENT HAS AID NOW, OR HAS USED ONE PREVIOUSLY? YES ☐ NO ☒

MAKE:

MODEL:

HOW OLD:

CONDITION:

COMMENTS: (INCLUDE ANY PERTINENT SOCIAL BACKGROUND INFORMATION)

Estimated Reliability: Good Fair Poor

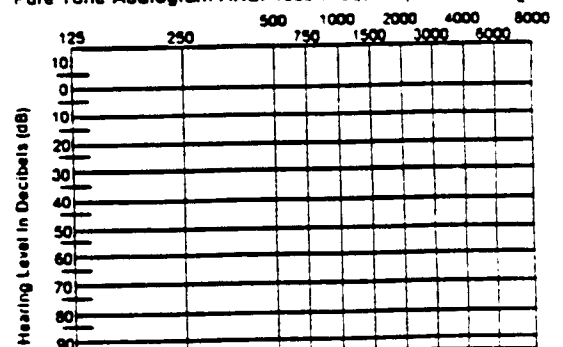
## Legend

Ear	Color	Air		Bone		NA
		Un Masked	Masked	Un Masked	Masked	
Right	Red	0-0	△-△	<	[	✓
Left	Blue	1-1	□-□	>	]	↘

Aided	
Own aid	<input type="checkbox"/>
Test aid	<input type="checkbox"/>

SPEECH AUDIOMETRY	R	L	SF
Threshold (SRT)			
Discrimination in quiet			
Discrimination in noise			
Uncomfortable level (dB SPL)			

Pure Tone Audiogram ANSI 1989 Frequency in Hertz (Hz)



ADDITIONAL COMMENTS:

MM/DD/YY

DATE

REQUESTING AUDIOLOGIST'S SIGNATURE